

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Bill Lynn

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Bill Lynn</u>	Political Party <u>non-partisan</u>
Office Sought <u>City Council</u>	District (if Senate or House) <u>5</u>

[Signature]
 SIGNATURE OF TREASURER (or person filing this report)

563-386-5463
 TELEPHONE

OCT 31 2003
28 October 2003
 DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A October 25, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date)

Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
November 4, 2003

County & Local Committees, enter County in which Election is held
Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) \$ 1,162.05

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 394.69

Schedule F: Loans Received total (Attach Schedule F) - 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H) - 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1,556.74

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1,541.80

Schedule F: Loan Repayments total (Attach Schedule F) - 0 -

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 14.94

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 562.28

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 676.37

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 250.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Bill Lynn

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/29/03	ID# CK#	Wayne Oberle 4404 Spring Street Davenport, IA 52807	- none -	\$ 10.	<input checked="" type="checkbox"/>
9/29/03	ID# CK#	unitemized	- none -	49.69	<input checked="" type="checkbox"/>
10/4/03	ID# CK#	Ted Woodruff 2207 Scott St. Davenport IA 52803	- none -	5.00	<input type="checkbox"/>
10/11/03	ID# CK#	Tony Stuntz 100 Currier Hall N220 Iowa City, IA 52242	- none -	20.00	<input type="checkbox"/>
10/12/03	ID# CK#	Todd Leech 267 19th Place Clinton, IA 52732	- none -	25.00	<input type="checkbox"/>
10/14/03	ID# CK#	Susan Hayes 709 Brown St. Davenport IA 52802	- none -	25.00	<input type="checkbox"/>
10-10/03	ID# CK#	Lisa Jost 506 East Locust St Davenport IA 52803	- none -	20.00	<input type="checkbox"/>
10-13/03	ID# CK#	Dietrich Gerhardt 2503 W. 4th St Watauga IA 50701	- none -	20.00	<input type="checkbox"/>
10-18/03	ID# CK#	unitemized	- none -	60.00	<input checked="" type="checkbox"/>
10-19/03	ID# CK#	Dorothy Olson 201 2nd Ave N.E.#17 Pocahontas IA 50574	- none -	15.00	<input type="checkbox"/>
SUB-TOTAL				\$ 249.69	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Bill Ryan

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/13/03	ID# CK#	Mary Kirkpatrick 308 Crescent Drive Middletown IA 52638	- none -	\$ 25.00	<input type="checkbox"/>
10/15/03	ID# CK#	Pati Philbrook 1937 Prairie Circle Fairfield, IA 52556	- none -	20.00	<input type="checkbox"/>
10/16/03	ID# CK#	Kevin Maule 3725 19th Avenue Moline, IA 61265	- none -	5.00	<input type="checkbox"/>
10/18/03	ID# CK#	Robert Brock 2838 Jersey Ridge Road Davenport IA 52803	- none -	25.00	<input type="checkbox"/>
10/23/03	ID# CK#	John Pirck 1947 Walling Ct Davenport IA 52803	- none -	40.00	<input type="checkbox"/>
10/24/03	ID# CK#	Lora Larkin 906 Mississippi Davenport IA	- none -	30.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 145.00

TOTAL (if last page of this schedule)

\$ 394.69

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Bill Lynn

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/29/03	ID# CK# 1001	Midwest Mailworks 2136 12th St Rockford IL 61104	postage + direct mailer Services	\$ 230.00
10/15/03	ID# CK# 1002	Midwest Mailworks Rockford IL 61104	"	175.00
10/17/03	ID# CK# 1003	Victory Store.com 5200 SW 30th St Davenport IA 52802	lawn sign wires	11.56
	ID# CK# 1004	VOID		
10/17/03	ID# CK# 1005	Bill Lynn 1935 Walling Court Davenport IA 52803	Reimburse credit card payment for lawn signs from Arttype Inc.	273.71
10/19/03	ID# CK# 1006	Midwest Mailworks Rockford IL 61104	postage + direct mailer Services	393.00
10/20/03	ID# CK# 1007	U.S. Postmaster Rock Island IL	stamps	111.00
10/20/03	ID# CK# 1008	Victory Store.com Davenport IA 52802	lawn sign wires	13.48
SUB-TOTAL				\$ 1,207.75
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/24/03	ID# CK#	Richard MORANIZY 810 W 57th Street Davenport IA 52806	purchase back of excess stamps	\$(18.50)
10/24/03	ID# CK#	Richard MORANIZY 810 W 57th Street Davenport IA 52806	Reimburse payment to M.d west Mailworks	150.00
10/24/03	ID# CK#	Midwest Mailworks 2136 12th Street Rockford, IL 61104	postage + direct mailer services	202.55
	ID# CK#			
SUB-TOTAL				\$ 334.05
TOTAL (if last page of this schedule)				\$ 1541.80

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Bill Lynn

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/25/03	Richard MORONEY 810 W 57 th Street Davenport IA 52806	Reimbursement for payment to office Mex for copies made	\$ 562.28
SUB-TOTAL			\$ 562.28
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 562.28

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Citizens for Bill Lynn

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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/8/03	Bill Lynn 1935 Walling Ct Davenport IA 52808	Self	Loan forgiven	\$ 100.	<input type="checkbox"/>
10/8/03	Richard Moroney 810 West 57th Street Davenport IA 52806	- none -	Loan forgiven	125.	<input type="checkbox"/>
10/8/03	Jeffery Monroe 1834 330th Street Wilton, IA 52778	- none	Loan forgiven	250.	<input type="checkbox"/>
10/2/03	Richard Moroney 810 West 57th St Davenport IA	- none	office supply ⊙ office Max	44.57	<input type="checkbox"/>
10/7/03	Rich Moroney 810 W 57th Street Davenport	- none	paper ⊙ office Max	20.53	<input type="checkbox"/>
10/13/03	Rich Moroney 810 West 57th Street Davenport IA	- none -	paper ⊙ off Max	20.53	<input type="checkbox"/>
10/24/03	Bethendorf Office Product Cumberland Square Bethendorf IA 52	- none -	copying	11.17	<input type="checkbox"/>
10/15/03	Rich Moroney 810 W 57 St Davenport	- none -	voter date	10.00	<input type="checkbox"/>
10/16/03	Rich Moroney 810 W 57th St 52806	- none -	office supply ⊙ off Max	20.53	<input type="checkbox"/>
10/22/03	Richard Moroney 810 W 57th St Davenport IA	- none -	office supply ⊙ office Max	10.27	<input type="checkbox"/>
SUB-TOTAL				\$ 612.60	
TOTAL (if last page of this schedule)				\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen for Bill Lynn

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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/23/03	Richard Moroney 810 W 57 St/ Davenport IA 52806	-none	copying © Off. Max	\$ 63.77	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 63.77

TOTAL (if last page of this schedule) \$ 676.37

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Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Bill Lynn

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 725.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0
From Schedule E -- TOTAL LOANS FORGIVEN \$ 475.00
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 250.00

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